

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/031360

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20	/					
21	/					
22	/					
23	/					
24	/					
25	/					
26	/					
27	/					
28	/					
29	/					
30	/					
31	/					
32	/					
33	/					
34	/					
35	/					
36	/					
37	/					
38	/					
39	/					
40	/					
41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	14					
TOTAL DEP.	0					
TOTAL CLAIMS	14					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/										
52		/										
53		/										
54		/										
55		/										
56		/										
57		/										
58		/										
59		/										
60		/										
61		/										
62		/										
63		/										
64		/										
65		/										
66		/										
67		/										
68		/										
69		/										
70		/										
71		/										
72		/										
73		/										
74		/										
75		/										
76		/										
77		/										
78		/										
79		/										
80		/										
81		/										
82		/										
83		/										
84		/										
85		/										
86		/										
87		/										
88		/										
89		/										
90		/										
91		/										
92		/										
93		/										
94		/										
95		/										
96		/										
97		/										
98		/										
99		/										
100		/										
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												